

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|---------|
| FEE DETERMINATION | <i>me</i> | | 6/23/00 |
| O.I.P.E. CLASSIFIER | | 21 | 6/22/00 |
| FORMALITY REVIEW | J.S. | 69134 | 8-15-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

☒ Rejected
☐ Allowed
☐ (Through numeral) Canceled
☐ Restricted
☐ N Non-elected
☐ I Interference
☐ A Appeal
☐ O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 3-2-04 | |
| 2 | ✓ | | |
| 3 | ✓ | | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | ✓ | | |
| 8 | ✓ | | |
| 9 | ✓ | | |
| 10 | ✓ | | |
| 11 | ✓ | | |
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| 47 | ✓ | | |
| 48 | ✓ | | |
| 49 | ✓ | | |
| 50 | ✓ | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 51 | ✓ | 3-2-04 | |
| 52 | ✓ | | |
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| 100 | ✓ | | |

| Claim | Final | Original | Date |
|-------|-------|----------|------|
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| 146 | ✓ | | |
| 147 | ✓ | | |
| 148 | ✓ | | |
| 149 | ✓ | | |
| 150 | ✓ | | |

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)